

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) 2183-4205.1US										
<div style="text-align: right; font-family: cursive; font-size: 1.5em; margin-right: 20px;">4/EJ</div> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2" style="padding: 2px;">In re Application of Rea et al.</td></tr><tr><td style="padding: 2px;">Application Number 09/666,430</td><td style="padding: 2px;">Filed September 21, 2000</td></tr><tr><td colspan="2" style="padding: 2px;">For DENDRITIC CELL ACTIVATED IN THE PRESENCE OF GLUCOCORTICOID HORMONES ARE CAPABLE OF SUPPRESSING ANTIGEN-SPECIFIC T CELL RESPONSES</td></tr><tr><td style="padding: 2px;">Group Art Unit 1644</td><td style="padding: 2px;">Examiner G. Ewoldt</td></tr></table>			In re Application of Rea et al.		Application Number 09/666,430	Filed September 21, 2000	For DENDRITIC CELL ACTIVATED IN THE PRESENCE OF GLUCOCORTICOID HORMONES ARE CAPABLE OF SUPPRESSING ANTIGEN-SPECIFIC T CELL RESPONSES		Group Art Unit 1644	Examiner G. Ewoldt		
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<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width: 100%;"><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td style="text-align: right;">\$930.00</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td style="text-align: right;">\$ _____</td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-1469</u>.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71</p> <p style="margin-left: 80px;">Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).</p> <p style="margin-left: 80px;">Registration number if acting under 37 CFR 1.34(a).</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="text-align: center;"><u>March 18, 2003</u> Date</div><div style="text-align: center;"> Signature</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="text-align: center;">03/20/2003 MDANTE1 00000044 09666430 02 FC:1253</div><div style="text-align: center;">930.00 OP</div><div style="text-align: center;">Krista Weber Powell Reg. No. 47,867 Typed or printed name</div></div> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p> <p><input type="checkbox"/> *Total of _____ forms are submitted.</p>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ _____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$930.00	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____
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<div style="text-align: center;"><b>CERTIFICATE OF MAILING</b></div> <p>Express Mail Label Number: <u>EV210751755US</u></p> <p>Date of Deposit: <u>March 18, 2003</u></p> <p>Person Making Deposit: <u>Blake Johnson</u></p>												